EPI-LOG

Communicable Disease and Epidemiology News
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Severe Acute Respiratory Syndrome: An Update

The emergence and rapid spread of a new coronavirus responsible for Severe Acute Respiratory Syndrome (SARS) currently represents the greatest challenge to global (and local) health since the identification of HIV. Health care providers, travelers, and Public Health staff in King County and elsewhere are directly feeling the impact of this new, rapidly moving disease and the corresponding need to promptly receive, understand and act on rapidly evolving guidelines and recommendations.

Hospitals and clinicians in King County are implementing recommendations from the Centers for Disease Control and Prevention (CDC) for early identification and appropriate clinical and infection control management of possible SARS cases. Public Health staff continue to actively investigate possible cases, ensure isolation of persons meeting the case definition for SARS, monitor the close contacts of SARS cases and persons meeting criteria for 72 – hour isolation, and, when necessary, trace contacts of suspect SARS cases exposed in transit.

The current suspect CDC SARS case definition requires:

- Measured temperature greater than 100.4°F (greater than 38°C) ***AND***
- One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia) ***AND***
- Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (mainland China; Hong Kong; Viet Nam; Singapore; Toronto, Canada) ***OR***
- Close contact within 10 days of onset of symptoms with a person known to be a suspect SARS case.

If either radiographic evidence of pneumonia, respiratory distress syndrome, or autopsy findings consistent with respiratory distress syndrome without an identifiable cause are present, the case is classified as **probable SARS** (reported to WHO). Cases without these features of severe disease are classified as **suspect SARS**.

To date, there have been no cases of probable SARS reported in King County, and no deaths. There have been 14 reported cases of suspect SARS. The current case definition is designed to be highly sensitive to identify potentially infected persons for infection control interventions to prevent transmission of SARS, but is not specific. Therefore, it is likely that many suspect SARS cases may not truly have SARS. Although CDC has developed diagnostic tests for infection with the SARS-associated coronavirus, these tests cannot yet be used to guide clinical or public health management of persons meeting the SARS case definition.

With no effective treatment for SARS, understanding and using appropriate infection control practices are the keys to controlling transmission of SARS. Consequently, health care providers must quickly identify patients at-risk for SARS through targeted questioning at triage, and implement appropriate infection control precautions. Persons with suspect SARS must remain in isolation for 10 days after resolution of fever (provided respiratory symptoms are gone or improving), and adhere to specific measures to prevent transmission of the infection. Persons with a potential SARS exposure due to travel or contact with a SARS case, and with fever OR respiratory symptoms should be isolated for 72 hours and monitored for progression to SARS. **All persons with suspect SARS, or requiring 72-hour isolation, should be reported to the infection control/epidemiology staff in your practice setting and to Public Health immediately.**

Please note that the CDC is currently advising that **even if another explanation for illness becomes available (such as a positive rapid influenza test), persons who meet the above criteria should continue to be treated as potential SARS cases using recommended infection control precautions and exposure management.** These cases should be reported both to infection control team and to Public Health immediately.

SARS appears to spread primarily to close contacts of SARS cases through contact with infectious secretions. Because airborne spread may be

possible, infection control recommendations include standard (with eye protection), contact, and airborne precautions. Health care providers are strongly encouraged to review information on SARS available at the CDC website (www.cdc.gov) on clinical management, infection control, and exposure management, diagnosis, and laboratory testing. Because the recommendations and guidelines evolve as new information becomes available, please check the CDC web pages frequently for updates (click on the "What's New" hotlink).

Among the 14 persons with Suspect SARS in King County, 10 have recovered, and four are still in isolation. Thirteen persons were likely exposed during travel to SARS-affected areas, and one was exposed in the health care setting to a traveler with suspect SARS. In addition to the 14 cases, there have been 178 other investigations of persons with potential SARS exposures.

New Cardiac Screening Guidelines for Potential Smallpox Vaccinees

As of March 31, 2003, there were fourteen cases of myopericarditis, and one case of acute myocardial infarction reported among approximately 250,000 military vaccinees. By April 8, 2003, ten cases of myopericarditis, and six cases of acute myocardial infarction were reported among approximately 33,444 civilian smallpox vaccinees.

As a result of these reported cardiac adverse events after smallpox vaccination, in late March 2003, the Advisory Committee on Immunization Practices (ACIP) recommended, and the CDC accepted, updated guidelines for screening potential smallpox vaccinees for both cardiac disease, and cardiac risk factors.

The new interim screening guidelines state that persons should not receive the smallpox vaccine if they have been diagnosed by a doctor as having a heart condition, with or without symptoms. Angina, previous myocardial infarction, congestive heart failure, cardiomyopathy, stroke or transient ischemic attack, and chest pain or shortness of breath with activity, are current contraindication to receiving smallpox vaccine. In addition, persons with three or more of the following risk factors for heart disease, should not currently be given smallpox vaccine:

- Hypertension
- Hypercholesterolemia
- Diabetes
- A 1st degree relative who had a heart condition before age 50
- Smoke cigarettes

A supplement to the smallpox vaccine Vaccine Information Statement which outlines these cardiac contraindications to smallpox vaccine is available at:
http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/heartproblems-vis.pdf

Reminder: In King County, please report all smallpox vaccine adverse events to: (206) 296-4774.

New HIV Data Tables on HIV/AIDS Website!

Check out the new HIV data tables at http://www.metrokc.gov/health/apu/epi/epistats.htm. The numbers updated here each month now represent reported persons living with HIV, persons living with AIDS, and the total.

Disease Reporting

AIDS/HIV	(206) 296-4645
STDs	(206) 731-3954
TB	(206) 731-4579
Other Communicable Diseases	(206) 296-4774
Automated 24-hr reporting line for conditions not immediately notifiable	(206) 296-4782

Hotlines:

Communicable Disease	(206) 296-4949
HIV/STD	(206) 205-STDS

***EPI-LOG* Online (including past issues): www.metrokc.gov/health/providers**

Reported Cases of Selected Diseases, Seattle & King County 2003

	Cases Reported in March		Cases Reported Through March	
	2003	2002	2003	2002
Campylobacteriosis	14	22	48	61
Cryptosporidiosis	5	0	9	4
Chlamydial infections	442	353	1138	1051
Enterohemorrhagic *E. coli* (non-O157)	0	0	0	0
***E. coli* O157: H7**	3	2	9	3
Giardiasis	11	10	28	47
Gonorrhea	134	139	359	365
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	5	4	8	15
Hepatitis B (acute)	2	1	7	6
Hepatitis B (chronic)	52	36	154	103
Hepatitis C (acute)	0	2	2	5
Hepatitis C (chronic, confirmed/probable)	60	104	284	417
Hepatitis C (chronic, possible)	27	31	78	114
Herpes, genital (primary)	52	35	165	158
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	32	45	119	153
Measles	0	0	0	0
Meningococcal Disease	1	5	2	9
Mumps	0	0	0	0
Pertussis	22	9	49	21
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	18	9	53	28
Shigellosis	19	5	35	13
Syphilis	7	2	20	13
Syphilis, congenital	0	0	0	0
Syphilis, late	6	2	14	7
Tuberculosis	13	19	38	30

The *Epi-Log* is available in alternate formats upon request.